

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6	1					
7						
8						
9						
10	1					
11		1				
12		0				
13	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	9					
TOTAL CLAIMS	13					

	IND	DEP	IND	DEP	IND	DEP
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